

DT CREDENTIAL REISSUE FORM



Kentucky Board of Nursing

312 Whittington Pky Ste 300

Louisville KY 40222-5172

502-329-7000 or 800-305-2042

\$35 FEE FOR EACH CARD REQUESTED

(Fee is non-refundable)

Please type or print using capital letters and black ink.

Section 1: Biographical Data

Last Name	<input type="text"/>	
First Name	<input type="text"/>	M.I. <input type="text"/>
Maiden Name	<input type="text"/>	
Street	<input type="text"/>	
City	<input type="text"/>	State <input type="text"/>
Zip	<input type="text"/> - <input type="text"/>	County of Residence <input type="text"/>
Home Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>	Daytime Phone <input type="text"/> - <input type="text"/> - <input type="text"/>
Social Security #:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Credential #: <input type="text"/>

Section 2: Reason for Reissue

Please fill in the appropriate circle indicating the reason for this request. **Your credential card MUST BE RETURNED with this form if you are requesting a change of name, and you must submit a copy of a legal name change document with this application.**

<input type="radio"/> Change or Correction of Name	Original Credential Was:	<input type="radio"/> Lost	<input type="radio"/> Destroyed
		<input type="radio"/> Stolen	<input type="radio"/> Never Received

Please write a brief summary of the reason you are making this request:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 3: Notary

I certify that I am the person who is referred to in the foregoing application for reissue of a Kentucky dialysis technician credential; that the statements contained herein are true in every respect; that I have read and understand this application. I further understand that the falsification of any information contained herein will be cause for disciplinary action.

Applicant's Signature <input type="text"/>	Subscribed and sworn to before me by <input type="text"/> (Applicant's Name)
	this _____ day of _____, 20_____.
SEAL <input type="text"/>	State Of <input type="text"/> Commission Expires <input type="text"/> Notary Public's Signature <input type="text"/>

For Office Use Only

Cred. Status: _____

N/C Received:: _____